

|   |  |  |                      |   |                           |
|---|--|--|----------------------|---|---------------------------|
| 1. CIR./DIST./DIV. CODE<br>TNW  |  | 2. PERSON REPRESENTED<br>Ford, Shirley                         |                      | VOUCHER NUMBER  |                           |
| 3. MAG. DKT./DEF. NUMBER  |  | 4. DIST. DKT./DEF. NUMBER<br>2:04-020330-002- <b>MA</b>        |                      | 5. APPEALS DKT./DEF. NUMBER   |                           |
| 6. OTHER DKT. NUMBER  |  | 7. IN CASE/MATTER OF (Case Name)<br>U.S. v. Ford               |                      | 8. PAYMENT CATEGORY<br>Felony   |                           |
| 9. TYPE PERSON REPRESENTED<br>Adult Defendant   |  | 10. REPRESENTATION TYPE<br>(See Instructions)<br>Criminal Case |                      | 11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.<br>1) 21 841A=CD.F -- CONTROLLED SUBSTANCE - SELL, DISTRIBUTE, OR DISPENSE   |                           |
| 12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix)<br>AND MAILING ADDRESS<br>JOHNSON, L. DANIEL<br>254 Court St<br>Suite 301<br>Memphis TN 38103<br><br>Telephone Number: (901) 543-0700   |  |  |                      | 13. COURT ORDER<br><input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel<br><input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney<br><input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel<br>Prior Attorney's Name: _____<br>Appointment Date: _____<br><input type="checkbox"/> Because the above-named person represented has testified under oath that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice require, the attorney whose name appears in Item 12 is appointed to represent this person in this case.<br><input type="checkbox"/> Other (See Instructions)<br>Signature of Presiding Judicial Officer or By Order of the Court<br>07/25/2005<br>Date of Order _____<br>Nunc Pro Tunc Date _____<br>Repayment or partial repayment ordered from the person represented for this fee at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO |                           |
| 14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)  |  |  |                      |   |                           |
| CLAIMS FOR SERVICES AND FEES  |  |  |                      |   |                           |
| CATEGORIES (Attach itemization of services with dates)  |  | HOURS CLAIMED  | TOTAL AMOUNT CLAIMED | MATH/TECH ADJUSTED HOURS  | MATH/TECH ADJUSTED AMOUNT |
| 15. a. Arraignment and/or Plea  |  |  |                      |   |                           |
| b. Bail and Detention Hearings  |  |  |                      |   |                           |
| c. Motion Hearings  |  |  |                      |   |                           |
| d. Trial  |  |  |                      |   |                           |
| e. Sentencing Hearings  |  |  |                      |   |                           |
| f. Revocation Hearings  |  |  |                      |   |                           |
| g. Appeals Court  |  |  |                      |   |                           |
| h. Other (Specify on additional sheets)   |  |  |                      |   |                           |
| (Rate per hour = \$ ) TOTALS:   |  |  |                      |   |                           |
| 16. a. Interviews and Conferences   |  |  |                      |   |                           |
| b. Obtaining and reviewing records  |  |  |                      |   |                           |
| c. Legal research and brief writing   |  |  |                      |   |                           |
| d. Travel time  |  |  |                      |   |                           |
| e. Investigative and Other work (Specify on additional sheets)  |  |  |                      |   |                           |
| (Rate per hour = \$ ) TOTALS:   |  |  |                      |   |                           |
| 17. Travel Expenses (lodging, parking, meals, mileage, etc.)  |  |  |                      |   |                           |
| 18. Other Expenses (other than expert, transcripts, etc.)   |  |  |                      |   |                           |
| 19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM TO   |  | 20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION |                      | 21. CASE DISPOSITION  |                           |
| 22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number <input type="checkbox"/> Supplemental Payment<br>Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything or value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets.<br>I swear or affirm the truth or correctness of the above statements.<br>Signature of Attorney: _____ Date: _____ |  |  |                      |   |                           |
| APPROVED FOR PAYMENT - COURT USE ONLY   |  |  |                      |   |                           |
| 23. IN COURT COMP.  |  | 24. OUT OF COURT COMP.   |                      | 25. TRAVEL EXPENSES   |                           |
| 26. OTHER EXPENSES  |  | 27. TOTAL AMT. APPR / CERT                                     |                      | 28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER   |                           |
| 28a. JUDGE / MAG. JUDGE CODE  |  | 29. IN COURT COMP.   |                      | 30. OUT OF COURT COMP.  |                           |
| 31. TRAVEL EXPENSES   |  | 32. OTHER EXPENSES   |                      | 33. TOTAL AMT. APPROVED   |                           |
| 34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.  |  | DATE   |                      | 34a. JUDGE CODE   |                           |



## Notice of Distribution

This notice confirms a copy of the document docketed as number 100 in case 2:04-CR-20330 was distributed by fax, mail, or direct printing on July 28, 2005 to the parties listed.

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Michael Edwin Scholl  
THE SCHOLL LAW FIRM  
8 S. Third St.  
Fourth Floor  
Memphis, TN 38103--238

Daniel L Johnson  
JOHNSON COCKE & BRANDON  
254 Court Ave.  
Ste. 300  
Memphis, TN 38103

Lee Howard Gerald  
LAW OFFICE OF LEE GERALD  
8 S. Third St.  
Fourth Floor  
Memphis, TN 38103

Lorraine Craig  
U.S. ATTORNEY'S OFFICE  
167 N. Main St.  
Ste. 800  
Memphis, TN 38103

Honorable Samuel Mays  
US DISTRICT COURT